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APPLICATION NO.	F	ILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/941,851	351 08/30/2001		Tapani Larikka	017.40169X00	7553
22907	7590	10/20/2005		EXAMINER	
BANNER 1001 G STF			CHOW, MING		
SUITE 110			ART UNIT	PAPER NUMBER	
WASHING	TON, DC	20001	2645		
	,				

DATE MAILED: 10/20/2005

Please find below and/or attached an Office communication concerning this application or proceeding.

	Application No.	Applicant(s)				
Interview Summary	09/941,851	LARIKKA ET AL.				
interview Guinnary	Examiner	Art Unit				
·	Ming Chow	2645				
All participants (applicant, applicant's representative, PTO	personnel):					
(1) Ming Chow.	(3)					
(2) <u>Ross Dannenberg</u> .	(4)					
Date of Interview: <u>14 October 2005</u> .						
Type: a)⊠ Telephonic b)□ Video Conference c)□ Personal [copy given to: 1)□ applicant 2)□ applicant's representative]						
Exhibit shown or demonstration conducted: d) Yes If Yes, brief description:	e)⊠ No.					
Claim(s) discussed: <u>1</u> .						
Identification of prior art discussed:						
Agreement with respect to the claims f)☐ was reached. g)⊠ was not reached. h)□ N	I/A.				
Substance of Interview including description of the general reached, or any other comments: <u>General discussions regated Applicant to document all arguments and agreed to consider the contract of the substance </u>	arding Applicant's arguments.	Examiner requested				
(A fuller description, if necessary, and a copy of the amend allowable, if available, must be attached. Also, where no coallowable is available, a summary thereof must be attached	opy of the amendments that w	reed would render the claims rould render the claims				
THE FORMAL WRITTEN REPLY TO THE LAST OFFICE A INTERVIEW. (See MPEP Section 713.04). If a reply to the GIVEN ONE MONTH FROM THIS INTERVIEW DATE, OR FORM, WHICHEVER IS LATER, TO FILE A STATEMENT OF Summary of Record of Interview requirements on reverse significant contents.	last Office action has already THE MAILING DATE OF THIS DF THE SUBSTANCE OF TH	been filed, APPLICANT IS S INTERVIEW SUMMARY				
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Examiner Note: You must sign this form unless it is an		1				
Attachment to a signed Office action.	Examiner's signa	ature, if required				

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